

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: Caldwell, City of
ADDRESS: 621 Cleveland Blvd.
 Caldwell, ID 83605

FACILITY: CALDWELL, CITY OF - CALDWELL WWTP
LOCATION: 504 JOHNSON LANE
 CALDWELL, ID 83605

ATTN: Brendan Clemens, Operator

ID0021504	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2010	01/31/2010

DMR Mailing ZIP CODE: 83605

MAJOR \$

(SUBR 02)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	14.68	15.14			21 Per Month	GRAB
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	deg C		Weekdays	GRAB
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00010 0 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO AVG	deg C		Monthly	COMP24
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	6.35	*****	*****			Four Per Month	GRAB
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	*****	mg/L		Weekly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	389	389		*****	9.5	12			Eight Every Month	COMP24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	2125 MO AVG	3183 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	7326	7973		*****	179	195			Eight Every Month	COMP24
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Weekly	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.8	*****	7.1			21 Per Month	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	9 MAXIMUM	SU		Weekdays	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	649	788		*****	16	16			Eight Every Month	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	2831 MO AVG	3183 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE	
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT			
				AREA Code	NUMBER
TYPED OR PRINTED				MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

THERE SHALL BE NO DISCHARGE OF FLOATING SOLIDS OR VISIBLE FOAM OTHER THAN TRACE AMOUNTS.O = MONTHLY TEMPERATURE MONITORINGP = CHLORINE LIMITS EFFECTIVE 07/01/01

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Solids, total suspended	SAMPLE MEASUREMENT	7377	8229		*****	181	199			Eight Every Month	COMP24
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Weekly	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	9.37	20.09		*****	.23	.49			Four Per Month	COMP24
00610 1 3 Effluent Gross	PERMIT REQUIREMENT	178.93 MO AVG	358.57 DAILY MX	lb/d	*****	2.53 MO AVG	5.07 DAILY MX	mg/L		Weekly	COMP24
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	*****	*****	*****	18	16	64			21 Per Month	GRAB
31616 1 2 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	200 MO GEO	200 WKLY GEO	800 DA GEO	#/100mL		Weekdays	GRAB
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	*****	*****	*****	12	*****			Monthly	GRAB
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO GEO	*****	#/100mL		Monthly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	4.92	*****		*****	*****	*****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
50060 P 3 See Comments	PERMIT REQUIREMENT	7.09 MO AVG	7.09 DAILY MX	lb/d	*****	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	GRAB
Toxicity [chronic], Ceriodaphnia dubia	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
61426 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MAXIMUM	tox chronic		Twice Per Year	COMP24

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Toxicity [chronic], Pimephales promelas [Fathead Minnow]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
61428 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MAXIMUM	tox chronic		Twice Per Year	COMP24
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	95	*****	*****			Eight Every Month	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MO AV MN	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	91	*****	*****			Eight Every Month	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MO AV MN	*****	*****	%		Monthly	CALCTD

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Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	15	16			Twenty Per Month	GRAB
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	deg C		Weekdays	GRAB
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00010 0 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO AVG	deg C		Monthly	COMP24
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	7	*****	*****			Four Per Month	GRAB
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	*****	mg/L		Weekly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	252	338		*****	6	8			Eight Every Month	COMP24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	2125 MO AVG	3183 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	7982	9194		*****	196	225			Eight Every Month	COMP24
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Weekly	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.9	*****	7.2			Twenty Per Month	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	9 MAXIMUM	SU		Weekdays	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	437	574		*****	11	14			Eight Every Month	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	2831 MO AVG	3183 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	9134	11330		*****	225	280			Eight Every Month	COMP24
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Weekly	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	22.2	40.4		*****	.55	.99			Four Per Month	COMP24
00610 1 3 Effluent Gross	PERMIT REQUIREMENT	178.93 MO AVG	358.57 DAILY MX	lb/d	*****	2.53 MO AVG	5.07 DAILY MX	mg/L		Weekly	COMP24
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	*****	*****	*****	16	16	148			Twenty Per Month	GRAB
31616 1 2 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	200 MO GEO	200 WKLY GEO	800 DA GEO	#/100mL		Weekdays	GRAB
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	*****	*****	*****	13	*****			Monthly	GRAB
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO GEO	*****	#/100mL		Monthly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	4.9	*****		*****	*****	*****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
50060 P 3 See Comments	PERMIT REQUIREMENT	7.09 MO AVG	7.09 DAILY MX	lb/d	*****	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	GRAB
Toxicity [chronic], Ceriodaphnia dubia	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	1			Twice Per Year	COMP24
61426 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MAXIMUM	tox chronic		Twice Per Year	COMP24

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Toxicity [chronic], Pimephales promelas [Fathead Minnow]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	1			Twice Per Year	COMP24
61428 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MAXIMUM	tox chronic		Twice Per Year	COMP24
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	97	*****	*****				CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MO AV MN	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	95	*****	*****				CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MO AV MN	*****	*****	%		Monthly	CALCTD

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Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	16	16			23 Per Month	GRAB
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	deg C		Weekdays	GRAB
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00010 0 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO AVG	deg C		Monthly	COMP24
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	7.7	*****	*****			5 Times Every Month	GRAB
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	*****	mg/L		Weekly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	191	259		*****	4.9	6.5			Ten Per Month	COMP24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	2125 MO AVG	3183 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	8393	8807		*****	217	259			Ten Per Month	COMP24
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Weekly	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.73	*****	7.02			23 Per Month	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	9 MAXIMUM	SU		Weekdays	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	218	377		*****	5.6	9.5			Ten Per Month	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	2831 MO AVG	3183 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24

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Solids, total suspended	SAMPLE MEASUREMENT	9348	10446		*****	241	268			Ten Per Month	COMP24
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Weekly	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT				*****						
00610 1 1 Effluent Gross	PERMIT REQUIREMENT	77.09 MO AVG	155.59 DAILY MX	lb/d	*****	1.09 MO AVG	2.2 DAILY MX	mg/L		Weekly	COMP24
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	*****	*****	*****	7.15	7.82	10.45			23 Per Month	GRAB
31616 1 2 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	200 MO GEO	200 WKLY GEO	800 DA GEO	#/100mL		Weekdays	GRAB
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	*****	*****	*****	4	*****			Monthly	GRAB
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO GEO	*****	#/100mL		Monthly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	4.656	*****		*****	*****	*****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
50060 P 1 See Comments	PERMIT REQUIREMENT	7.09 MO AVG	7.09 DAILY MX	lb/d	*****	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	GRAB
Toxicity [chronic], Ceriodaphnia dubia	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
61426 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MAXIMUM	tox chronic		Twice Per Year	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE	
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				AREA Code	NUMBER
TYPED OR PRINTED					MM/DD/YYYY

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DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: Caldwell, City of
ADDRESS: 621 Cleveland Blvd.
 Caldwell, ID 83605

FACILITY: CALDWELL, CITY OF - CALDWELL WWTP

LOCATION: 504 JOHNSON LANE
 CALDWELL, ID 83605

ATTN: Brendan Clemens, Operator

ID0021504	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2010	03/31/2010

DMR Mailing ZIP CODE: 83605

MAJOR \$

(SUBR 02)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Toxicity [chronic], Pimephales promelas [Fathead Minnow]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
61428 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MAXIMUM	tox chronic		Twice Per Year	COMP24
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	98	*****	*****			Ten Per Month	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MO AV MN	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	98	*****	*****			Ten Per Month	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MO AV MN	*****	*****	%		Monthly	CALCTD

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	16	17			22 Per Month	GRAB
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	deg C		Weekdays	GRAB
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00010 0 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO AVG	deg C		Monthly	COMP24
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	7	*****	*****			Four Per Month	GRAB
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	*****	mg/L		Weekly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	214	244		*****	5	6			Eight Every Month	COMP24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	2125 MO AVG	3183 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	8238	11211		*****	204	299			Eight Every Month	COMP24
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Weekly	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.9	*****	7			22 Per Month	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	9 MAXIMUM	SU		Weekdays	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	342	481		*****	8	10			Eight Every Month	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	2831 MO AVG	3183 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	10996	13670		*****	272	365			Eight Every Month	COMP24
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Weekly	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT				*****						
00610 1 1 Effluent Gross	PERMIT REQUIREMENT	77.09 MO AVG	155.59 DAILY MX	lb/d	*****	1.09 MO AVG	2.2 DAILY MX	mg/L		Weekly	COMP24
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	*****	*****	*****	9	9	32			22 Per Month	GRAB
31616 1 2 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	200 MO GEO	200 WKLY GEO	800 DA GEO	#/100mL		Weekdays	GRAB
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	*****	*****	*****	3	*****			Monthly	GRAB
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO GEO	*****	#/100mL		Monthly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	4.897	*****		*****	*****	*****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
50060 P 1 See Comments	PERMIT REQUIREMENT	7.09 MO AVG	7.09 DAILY MX	lb/d	*****	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	GRAB
Toxicity [chronic], Ceriodaphnia dubia	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
61426 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MAXIMUM	tox chronic		Twice Per Year	COMP24

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External Outfall

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Toxicity [chronic], Pimephales promelas [Fathead Minnow]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
61428 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MAXIMUM	tox chronic		Twice Per Year	COMP24
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	97	*****	*****			Eight Every Month	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MO AV MN	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	97	*****	*****			Eight Every Month	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MO AV MN	*****	*****	%		Monthly	CALCTD

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	17	18			21 Per Month	GRAB
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	deg C		Weekdays	GRAB
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00010 0 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO AVG	deg C		Monthly	COMP24
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	8	*****	*****			Four Per Month	GRAB
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	*****	mg/L		Weekly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	280	355		*****	6	7.5			Eight Every Month	COMP24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	2125 MO AVG	3183 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	6923	9394		*****	145	199			Eight Every Month	COMP24
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Weekly	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.96	*****	7.26			21 Per Month	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	9 MAXIMUM	SU		Weekdays	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	391	481		*****	8	11			Eight Every Month	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	2831 MO AVG	3183 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24

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Solids, total suspended	SAMPLE MEASUREMENT	8111	13477		*****	170	284			Eight Every Month	COMP24
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Weekly	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT				*****						
00610 1 1 Effluent Gross	PERMIT REQUIREMENT	77.09 MO AVG	155.59 DAILY MX	lb/d	*****	1.09 MO AVG	2.2 DAILY MX	mg/L		Weekly	COMP24
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	*****	*****	*****	6.54	6.88	14			21 Per Month	GRAB
31616 1 1 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	50 MO GEO	200 WKLY GEO	500 DA GEO	#/100mL		Weekdays	GRAB
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	*****	*****	*****	5	*****			Monthly	GRAB
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO GEO	*****	#/100mL		Monthly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	5.7	*****		*****	*****	*****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
50060 P 1 See Comments	PERMIT REQUIREMENT	7.09 MO AVG	7.09 DAILY MX	lb/d	*****	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	GRAB
Toxicity [chronic], Ceriodaphnia dubia	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
61426 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MAXIMUM	tox chronic		Twice Per Year	COMP24

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Toxicity [chronic], Pimephales promelas [Fathead Minnow]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
61428 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MAXIMUM	tox chronic		Twice Per Year	COMP24
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	96	*****	*****			Eight Every Month	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MO AV MN	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	95	*****	*****			Eight Every Month	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MO AV MN	*****	*****	%		Monthly	CALCTD

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Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	10.46	18.84			22 Per Month	GRAB
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	deg C		Weekdays	GRAB
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00010 0 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO AVG	deg C		Monthly	COMP24
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	8.34	*****	*****			5 Times Every Month	GRAB
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	*****	mg/L		Weekly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	263	263		*****	5	6.5			Ten Per Month	COMP24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	2125 MO AVG	3183 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	8412	9237		*****	165	194			Ten Per Month	COMP24
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Weekly	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.86	*****	7.34			22 Per Month	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	9 MAXIMUM	SU		Weekdays	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	362	390		*****	7	8			Ten Per Month	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	2831 MO AVG	3183 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24

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DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: Caldwell, City of
ADDRESS: 621 Cleveland Blvd.
 Caldwell, ID 83605

FACILITY: CALDWELL, CITY OF - CALDWELL WWTP

LOCATION: 504 JOHNSON LANE
 CALDWELL, ID 83605

ATTN: Brendan Clemens, Operator

ID0021504	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2010	06/30/2010

DMR Mailing ZIP CODE: 83605

MAJOR \$

(SUBR 02)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	10640	14419		*****	208	263			Ten Per Month	COMP24
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Weekly	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT				*****						
00610 1 1 Effluent Gross	PERMIT REQUIREMENT	77.09 MO AVG	155.59 DAILY MX	lb/d	*****	1.09 MO AVG	2.2 DAILY MX	mg/L		Weekly	COMP24
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	*****	*****	*****	5.95	5.04	6.85			Four Per Month	GRAB
31616 1 1 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	50 MO GEO	200 WKLY GEO	500 DA GEO	#/100mL		Weekdays	GRAB
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	*****	*****	*****	5	*****			Monthly	GRAB
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO GEO	*****	#/100mL		Monthly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	6.239	*****		*****	*****	*****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
50060 P 1 See Comments	PERMIT REQUIREMENT	7.09 MO AVG	7.09 DAILY MX	lb/d	*****	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	GRAB
Toxicity [chronic], Ceriodaphnia dubia	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
61426 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MAXIMUM	tox chronic		Twice Per Year	COMP24

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Toxicity [chronic], Pimephales promelas [Fathead Minnow]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
61428 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MAXIMUM	tox chronic		Twice Per Year	COMP24
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	97	*****	*****			Ten Per Month	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MO AV MN	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	97	*****	*****			Ten Per Month	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MO AV MN	*****	*****	%		Monthly	CALCTD

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	19.8	20.42			22 Per Month	GRAB
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	deg C		Weekdays	GRAB
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00010 0 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO AVG	deg C		Monthly	COMP24
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	7.58	*****	*****			Four Per Month	GRAB
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	*****	mg/L		Weekly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	119	263		*****	4.69	4.7			Eight Every Month	COMP24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	2125 MO AVG	3183 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	6658	8571		*****	119	152			Eight Every Month	COMP24
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Weekly	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.95	*****	7.38			22 Per Month	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	9 MAXIMUM	SU		Weekdays	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	383	395		*****	6.88	7.1			Eight Every Month	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	2831 MO AVG	3183 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24

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External Outfall

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	7524	12761		*****	134	226			Eight Every Month	COMP24
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Weekly	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	3.4	5.6		*****	.06	.1			Four Per Month	COMP24
00610 1 2 Effluent Gross	PERMIT REQUIREMENT	349.37 MO AVG	701.57 DAILY MX	lb/d	*****	4.94 MO AVG	9.92 DAILY MX	mg/L		Weekly	COMP24
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	*****	*****	*****	13.63	13.48	40			22 Per Month	GRAB
31616 1 1 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	50 MO GEO	200 WKLY GEO	500 DA GEO	#/100mL		Weekdays	GRAB
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	*****	*****	*****	2	*****			Monthly	GRAB
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO GEO	*****	#/100mL		Monthly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	6.788	*****		*****	*****	*****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
50060 P 2 See Comments	PERMIT REQUIREMENT	7.09 MO AVG	7.09 DAILY MX	lb/d	*****	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	GRAB
Toxicity [chronic], Ceriodaphnia dubia	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
61426 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MAXIMUM	tox chronic		Twice Per Year	COMP24

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External Outfall

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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Toxicity [chronic], Pimephales promelas [Fathead Minnow]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
61428 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MAXIMUM	tox chronic		Twice Per Year	COMP24
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	96	*****	*****			Eight Every Month	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MO AV MN	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	95	*****	*****			Eight Every Month	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MO AV MN	*****	*****	%		Monthly	CALCTD

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	21	21			22 Per Month	GRAB
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	deg C		Weekdays	GRAB
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00010 0 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO AVG	deg C		Monthly	COMP24
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	7.6	*****	*****			5 Times Every Month	GRAB
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	*****	mg/L		Weekly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	343	379		*****	6	6			Nine Per Month	COMP24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	2125 MO AVG	3183 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	9519	12010		*****	158	198			Nine Per Month	COMP24
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Weekly	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	7	*****	7.3			22 Per Month	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	9 MAXIMUM	SU		Weekdays	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	515	784		*****	9	13			Nine Per Month	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	2831 MO AVG	3183 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24

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Solids, total suspended	SAMPLE MEASUREMENT	10521	11520		*****	174	192			Nine Per Month	COMP24
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Weekly	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	5.83	17.05		*****	.04	.28			Four Per Month	COMP24
00610 1 2 Effluent Gross	PERMIT REQUIREMENT	349.37 MO AVG	701.57 DAILY MX	lb/d	*****	4.94 MO AVG	9.92 DAILY MX	mg/L		Weekly	COMP24
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	*****	*****	*****	18	28	312			22 Per Month	GRAB
31616 1 1 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	50 MO GEO	200 WKLY GEO	500 DA GEO	#/100mL		Weekdays	GRAB
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	*****	*****	*****	29	*****			Twice Per Month	GRAB
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO GEO	*****	#/100mL		Monthly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	6.999	*****		*****	*****	*****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
50060 P 2 See Comments	PERMIT REQUIREMENT	7.09 MO AVG	7.09 DAILY MX	lb/d	*****	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	GRAB
Toxicity [chronic], Ceriodaphnia dubia	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	1			Twice Per Year	COMP24
61426 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MAXIMUM	tox chronic		Twice Per Year	COMP24

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THERE SHALL BE NO DISCHARGE OF FLOATING SOLIDS OR VISIBLE FOAM OTHER THAN TRACE AMOUNTS.O = MONTHLY TEMPERATURE MONITORINGP = CHLORINE LIMITS EFFECTIVE 07/01/01

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: Caldwell, City of
ADDRESS: 621 Cleveland Blvd.
 Caldwell, ID 83605

FACILITY: CALDWELL, CITY OF - CALDWELL WWTP

LOCATION: 504 JOHNSON LANE
 CALDWELL, ID 83605

ATTN: Brendan Clemens, Operator

ID0021504	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2010	08/31/2010

DMR Mailing ZIP CODE: 83605

MAJOR \$

(SUBR 02)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Toxicity [chronic], Pimephales promelas [Fathead Minnow]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	1			Twice Per Year	COMP24
61428 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MAXIMUM	tox chronic		Twice Per Year	COMP24
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	96	*****	*****			Nine Per Month	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MO AV MN	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	95	*****	*****			Nine Per Month	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MO AV MN	*****	*****	%		Monthly	CALCTD

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					MM/DD/YYYY

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MM/DD/YYYY	MM/DD/YYYY
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(SUBR 02)

External Outfall

No Discharge ☐

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	20	20			22 Per Month	GRAB
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	deg C		Weekdays	GRAB
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00010 0 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO AVG	deg C		Monthly	COMP24
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	6.9	*****	*****			Four Per Month	GRAB
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	*****	mg/L		Weekly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	242	303		*****	4.5	5.25			Nine Per Month	COMP24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	2125 MO AVG	3183 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	7315	8704		*****	137	161			Nine Per Month	COMP24
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Weekly	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.98	*****	7.38			22 Per Month	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	9 MAXIMUM	SU		Weekdays	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	347	520		*****	7	10			Nine Per Month	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	2831 MO AVG	3183 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	10256	13439		*****	191	244			Nine Per Month	COMP24
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Weekly	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	2.77	4.4		*****	.05	.08			5 Times Every Month	COMP24
00610 1 2 Effluent Gross	PERMIT REQUIREMENT	349.37 MO AVG	701.57 DAILY MX	lb/d	*****	4.94 MO AVG	9.92 DAILY MX	mg/L		Weekly	COMP24
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	*****	*****	*****	9.78	11.67	13.04			22 Per Month	GRAB
31616 1 1 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	50 MO GEO	200 WKLY GEO	500 DA GEO	#/100mL		Weekdays	GRAB
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	*****	*****	*****	1	*****			Monthly	GRAB
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO GEO	*****	#/100mL		Monthly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	6.653	*****		*****	*****	*****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
50060 P 2 See Comments	PERMIT REQUIREMENT	7.09 MO AVG	7.09 DAILY MX	lb/d	*****	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	GRAB
Toxicity [chronic], Ceriodaphnia dubia	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
61426 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MAXIMUM	tox chronic		Twice Per Year	COMP24

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External Outfall

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Toxicity [chronic], Pimephales promelas [Fathead Minnow]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
61428 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MAXIMUM	tox chronic		Twice Per Year	COMP24
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	97	*****	*****				CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MO AV MN	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	97	*****	*****				CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MO AV MN	*****	*****	%		Monthly	CALCTD

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	19	20			21 Per Month	GRAB
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	deg C		Weekdays	GRAB
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00010 0 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO AVG	deg C		Monthly	COMP24
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	7	*****	*****			Four Per Month	GRAB
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	*****	mg/L		Weekly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	192	282		*****	4	5.5			Eight Every Month	COMP24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	2125 MO AVG	3183 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	7223	8906		*****	153	195			Eight Every Month	COMP24
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Weekly	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.8	*****	7.2			21 Per Month	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	9 MAXIMUM	SU		Weekdays	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	227	282		*****	5	5.5			Eight Every Month	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	2831 MO AVG	3183 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24

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Solids, total suspended	SAMPLE MEASUREMENT	9191	15645		*****	193	318			Eight Every Month	COMP24
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Weekly	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	1.91	2		*****	.04	.04			Four Per Month	COMP24
00610 1 2 Effluent Gross	PERMIT REQUIREMENT	349.37 MO AVG	701.57 DAILY MX	lb/d	*****	4.94 MO AVG	9.92 DAILY MX	mg/L		Weekly	COMP24
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	*****	*****	*****	3	3.3	4.47			5 Times Every Month	GRAB
31616 1 2 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	200 MO GEO	200 WKLY GEO	800 DA GEO	#/100mL		Weekdays	GRAB
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	*****	*****	*****	42	*****			Monthly	GRAB
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO GEO	*****	#/100mL		Monthly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	5.74	*****		*****	*****	*****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
50060 P 2 See Comments	PERMIT REQUIREMENT	7.09 MO AVG	7.09 DAILY MX	lb/d	*****	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	GRAB
Toxicity [chronic], Ceriodaphnia dubia	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
61426 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MAXIMUM	tox chronic		Twice Per Year	COMP24

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Toxicity [chronic], Pimephales promelas [Fathead Minnow]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
61428 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MAXIMUM	tox chronic		Twice Per Year	COMP24
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	97	*****	*****			Eight Every Month	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MO AV MN	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	97	*****	*****			Eight Every Month	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MO AV MN	*****	*****	%		Monthly	CALCTD

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	16.5	19.04			22 Per Month	GRAB
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	deg C		Weekdays	GRAB
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00010 0 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO AVG	deg C		Monthly	COMP24
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	7.2	*****	*****			Four Per Month	GRAB
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	*****	mg/L		Weekly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	259	347		*****	6.17	8.25			Nine Per Month	COMP24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	2125 MO AVG	3183 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	8024	8778		*****	191	210			Nine Per Month	COMP24
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Weekly	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.82	*****	7.26			22 Per Month	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	9 MAXIMUM	SU		Weekdays	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	322	430		*****	7.67	10			Nine Per Month	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	2831 MO AVG	3183 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24

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				MM/DD/YYYY

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DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: Caldwell, City of
ADDRESS: 621 Cleveland Blvd.
 Caldwell, ID 83605

FACILITY: CALDWELL, CITY OF - CALDWELL WWTP
LOCATION: 504 JOHNSON LANE
 CALDWELL, ID 83605

ATTN: Brendan Clemens, Operator

ID0021504	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2010	11/30/2010

DMR Mailing ZIP CODE: 83605

MAJOR \$

(SUBR 02)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	9328	14281		*****	221	322			Nine Per Month	COMP24
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Weekly	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	5.54	15.03		*****	.13	.36			Four Per Month	COMP24
00610 1 3 Effluent Gross	PERMIT REQUIREMENT	178.93 MO AVG	358.57 DAILY MX	lb/d	*****	2.53 MO AVG	5.07 DAILY MX	mg/L		Weekly	COMP24
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	*****	*****	*****	6.28	5.8	23.94			22 Per Month	GRAB
31616 1 2 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	200 MO GEO	200 WKLY GEO	800 DA GEO	#/100mL		Weekdays	GRAB
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	*****	*****	*****	3	*****			Monthly	GRAB
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO GEO	*****	#/100mL		Monthly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	5.11	*****		*****	*****	*****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
50060 P 3 See Comments	PERMIT REQUIREMENT	7.09 MO AVG	7.09 DAILY MX	lb/d	*****	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	GRAB
Toxicity [chronic], Ceriodaphnia dubia	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
61426 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MAXIMUM	tox chronic		Twice Per Year	COMP24

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External Outfall

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Toxicity [chronic], Pimephales promelas [Fathead Minnow]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
61428 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MAXIMUM	tox chronic		Twice Per Year	COMP24
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	97	*****	*****			Nine Per Month	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MO AV MN	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	97	*****	*****			Nine Per Month	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MO AV MN	*****	*****	%		Monthly	CALCTD

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External Outfall

No Discharge ☐

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	14.97	15.34			23 Per Month	GRAB
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	deg C		Weekdays	GRAB
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00010 0 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO AVG	deg C		Monthly	COMP24
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	7	*****	*****			Four Per Month	GRAB
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	*****	mg/L		Weekly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	550	925		*****	12	21			Nine Per Month	COMP24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	2125 MO AVG	3183 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	8274	9655		*****	177	212			Nine Per Month	COMP24
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Weekly	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.8	*****	7.1			22 Per Month	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	9 MAXIMUM	SU		Weekdays	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	780	2037		*****	17	46		1	13 Per Month	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	2831 MO AVG	3183 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24

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Solids, total suspended	SAMPLE MEASUREMENT	8773	10268		*****	187	238			Nine Per Month	COMP24
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Weekly	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	156.79	350.99		*****	3.43	7.25		2	Four Per Month	COMP24
00610 1 3 Effluent Gross	PERMIT REQUIREMENT	178.93 MO AVG	358.57 DAILY MX	lb/d	*****	2.53 MO AVG	5.07 DAILY MX	mg/L		Weekly	COMP24
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	*****	*****	*****	12	12	16			22 Per Month	GRAB
31616 1 2 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	200 MO GEO	200 WKLY GEO	800 DA GEO	#/100mL		Weekdays	GRAB
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	*****	*****	*****	55	*****			Monthly	GRAB
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO GEO	*****	#/100mL		Monthly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	5.525	*****		*****	*****	*****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
50060 P 3 See Comments	PERMIT REQUIREMENT	7.09 MO AVG	7.09 DAILY MX	lb/d	*****	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	GRAB
Toxicity [chronic], Ceriodaphnia dubia	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
61426 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MAXIMUM	tox chronic		Twice Per Year	COMP24

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Toxicity [chronic], Pimephales promelas [Fathead Minnow]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
61428 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MAXIMUM	tox chronic		Twice Per Year	COMP24
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	90	*****	*****			Nine Per Month	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MO AV MN	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	87	*****	*****			13 Per Month	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MO AV MN	*****	*****	%		Monthly	CALCTD

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